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1643

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Name: Melissa Hardy

Signature: Melissa Hardy

Date: June 3, 1998

PATENT  
Attorney Docket No. 65304-020

Applicant(s) : Eric McFarland, et al.  
Title : POTENTIAL MASKING SYSTEMS AND METHODS FOR COMBINATORIAL LIBRARY SYNTHESIS  
Serial No. : 08/941,170  
Filing Date : September 30, 1997  
Group Art Unit : 1815  
Examiner : Not Assigned

Assistant Commissioner for Patents  
Washington, D.C. 20231

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MATRIX CUSTOMER  
SERVICE CENTER

### TRANSMITTAL LETTER

Sir:

Transmitted herewith (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Preliminary Amendment                       | <input type="checkbox"/> Information Disclosure Statement |
| <input type="checkbox"/> Response/Amendment                          | <input type="checkbox"/> Petition Under 37 CFR 1.97(d)(2) |
| <input type="checkbox"/> Response/Amendment After Final              | <input type="checkbox"/> Formal Drawings                  |
| <input type="checkbox"/> Supplemental Amendment                      | <input type="checkbox"/> Declaration Under 37 CFR 1.131   |
| <input type="checkbox"/> Affidavits/Declarations                     | <input type="checkbox"/> Declaration Under 37 CFR 1.132   |
| <input type="checkbox"/> Declaration and Power of Attorney           | <input type="checkbox"/> Terminal Disclaimer              |
| <input type="checkbox"/> Supplemental Declaration                    | <input type="checkbox"/> Small Entity Statement           |
| <input checked="" type="checkbox"/> Power of Attorney                | <input type="checkbox"/> Request for Refund               |
| <input checked="" type="checkbox"/> Change of Correspondence Address | <input type="checkbox"/> Appeal                           |
| <input checked="" type="checkbox"/> Associate Power of Attorney      | <input type="checkbox"/> Petition                         |
| <input type="checkbox"/> Response to Missing Parts                   | <input type="checkbox"/> Status Letter                    |

to be filed in the above-identified patent application.

#### Fee For Additional Claims:

☐ A fee for additional claims is not required.

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The additional fee has been calculated as follows:

	Extra Claims	Fee from below	Fee Paid
Total Claims	-20** =	X \$11	= \$
Independent Claims	-3** =	X \$41	= \$
First Presentation of a Multiple Dependent Claim		\$135	= \$
<b>TOTAL (\$)</b>			

\*\*or number previously paid, if greater; For Reissues, see below

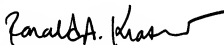
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	22	203	11	Claims in excess of 20
102	82	202	41	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim, if not paid
109	82	209	41	**Reissue independent claims over original patent
110	22	210	11	**Reissue claims in excess of 20 and over original patent

☐ A check in the amount of \$\_\_\_\_\_ in payment of the fee is transmitted herewith.

☒ The Commissioner hereby authorizes to charge payment of any additional filing fees required under 37 C.F.R. § 1.16, in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to Deposit Account No. 50-0490. A duplicate copy of this Transmittal Letter is transmitted herewith.

☐ Please charge \$\_\_\_\_\_ to Deposit Account No. 50-0490 in payment of the fee. A duplicate copy of this Transmittal Letter is transmitted herewith.

Respectfully submitted,



Date: 6-3-98

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